

This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA

Department of Health and Human Services
Regulation and Licensure
Credentialing Division
PO Box 94986
Lincoln, NE 68509-4986

**APPLICATION FOR APPROVAL OF INITIAL
ASSISTED-LIVING FACILITY ADMINISTRATOR
TRAINING PROGRAM**

Name of Entity Conducting Program:			
Address:	Street/PO/Route:		
	City:	State:	Zip:
Phone Number:		FAX Number (if applicable)	
Program Title:			
Total Hours:			
Person Responsible for Training Program:			
License Number (if applicable):			

A copy of the training program including training materials, syllabus/outline and hours per subject must be attached to the application. In accordance with 175 NAC 4-006.02B, the training program must consist of at least 30 hours, including, but not limited to the following:

Resident Care and Services
Social Services
Financial Management
Administration
Gerontology
Rules, regulations and standards relating to the operation of an assisted-living facility

Applicant Signature

Date

For Department Use

Date Received _____

If Applicable -- Date of Request for More Information _____

Information Requested _____

Date Additional Information Received _____

Approval/Denial Notification Date _____

Department Staff Signature _____

Date _____